

<b>ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/582,704 [U.S. National Stage of PCT/US2004/041970]
	<b>International Filing Date</b>	December 14, 2004
	<b>First Named Inventor</b>	Maria Isabel Crespo Crespo
	<b>Title</b>	2, 6 BISHETEROARYL-4- AMINOPYRIMIDINES AS ADENOSINE RECEPTOR ANTAGONISTS
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	690068.601USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

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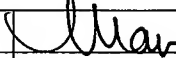
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10/2/06
Name	Margaret E. Valeur-Jensen, Ph.D.		
Title and Company (Assignee)	Executive Vice President and General Counsel Neurocrine Biosciences, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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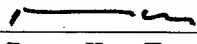
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**Almirall Prodesfarma AG** SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/5/06
Name	Dr. H. Trachsler S. Frei		
Title and Company (Assignee)	Members of the Board of Directors Almirall Prodesfarma AG		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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